

ISSUE SLIP STAPLE AREA (for additional cross references)

09/8/6567

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	HL		6-12-01
CLP.E. CLASSIFIER	HY		6-22-01
FORMALITY REVIEW	A.T	1031	08/11/01
RESPONSE FORMALITY REVIEW			

# INDEX OF CLAIMS

✓ Rejected  
 - Allowed  
 - (Through number) Canceled  
 + Restricted  
 M Non-Desert  
 I Insurance  
 A Appeal  
 O Objected

550T AVAILABLE COPY

Claim	Date	Claim	Date	Claim	Date
1		1		1	
2		2		2	
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If more than 150 claims or 10 actions  
staple additional sheet here

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406 3/1/01